

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010121

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 30

Primary Registration District No. 5176

Registrar's No. 15

STATE FILE NUMBER

FILED APR 2 1962

1. PLACE OF DEATH

a. COUNTY Camden

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Stoutland Auglaize twp.Length of stay in lb
lifec. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Rural Route 1Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Camden

c. CITY OR TOWN Stoutland Inside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location) Rural Route 1
Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Lucy Harriet Brown4. DATE OF DEATH Month Day Year
March 28, 19625. SEX
Female6. COLOR OR RACE
White7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
March 18, 1880

9. AGE (last birthday) 82

IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Camden County, Missouri
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME

William Sweat

13b. MOTHER'S MAIDEN NAME

Clerinda O'Brien

14. NAME OF HUSBAND OR WIFE

James F. Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no16. SOCIAL SECURITY NO.
no17. INFORMANT Address
Harrison Brown Stoutland, Mo. Rural Route 118. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

UREMIA

INTERVAL BETWEEN
ONSET AND DEATH
6 DAYSConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

RENAL ARTERIOSCLEROSIS

DUE TO (c)

GENERALIZED ARTERIOSCLEROSIS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. If attended the deceased from 1962 to March 1962 and last saw her alive on 3-20-62.
Death occurred at 8:48 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)
burial23b. DATE
March 31, 196223c. NAME OF CEMETERY OR CREMATORY
High Point Cemetery23d. LOCATION (City, town, or county) (State)
Camden County, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Walter Hedges Camden, Missouri

25. DATE RECD. BY LOCAL REG.

Mar. 30-1962

26. REGISTRAR'S SIGNATURE

Zilpha J. Iraw

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/5910150
20150

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APR 3 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Walter F. Hedger

Licensed Embalmer No. 4265

P. O. Address Camdenton, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.